

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725323

1. Entity Name

THE KING-A CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90006 015 ****61.25

Principal Place of Business

Mailing Address

101 S.W. 9TH STREET
 SUITE 3B
 MIAMI FL 33130
 US

C/O ACTION GENERAL SERV.
 P.O. BOX 110548
 HIALEAH FL 33011-0548
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0122144

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOONE, RICHARD J
101 SW 9TH ST
STE 4-C
MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Richard J. Boone

02-02-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOONE, RICHARD J	
STREET ADDRESS	101 SW 9TH STREET, 4-C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JIMENEZ, ADA	
STREET ADDRESS	6385 S.W. 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33163	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUEDA, MELIDA	
STREET ADDRESS	210 N.W. 51ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard J. Boone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-00 (305) 823-1201

Date

Daytime Phone #

CR2E037 (9/99)